

**STATE OF ALASKA  
DEPARTMENT OF REVENUE  
CHILD SUPPORT SERVICES DIVISION**

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**Check One**

- ☐ New  
☐ Change  
☐ Cancel

**ELECTRONIC FUND TRANSFER (EFT)  
AUTHORIZATION FOR DIRECT DEPOSIT OR DIRECT PAYMENT**

Only one form is needed even if you have multiple cases

Name as it appears on the bank account \_\_\_\_\_

CSSD member ID # \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(This the 8 digit Member Number assigned to you by CSSD. It is not your 9 digit case number)

I authorize the State of Alaska to:

- ☐ make **direct deposits** to the account below (name on account must match name on the CSSD case)  
☐ take **direct payments** from the account described below.

Name of bank or financial institution: \_\_\_\_\_

Account type: ☐ CHECKING ☐ SAVINGS ☐ OTHER \_\_\_\_\_

Transit routing number and account number (example below): \_\_\_\_\_

The image shows a sample check or deposit slip. At the top left, it says 'Robt or Polly Brown' and '1001'. Below that, it says 'Pay to the Order of' followed by a blank line. To the right of this line is a dollar sign '\$' and a blank space. Below that, it says 'Dollars' and a blank space. At the bottom left, it says 'Your Financial Institution' and 'Address of Your Financial Institution' and 'City State 1001'. Below that, it says 'For' and a blank space. At the bottom, it shows two sets of numbers: '1234567890' and '12345678 1001'.

Routing #      Account #

Attach a voided check or deposit slip here

This will be used to verify the name, bank routing number, and account number

I authorize the State of Alaska to make necessary adjustments to the above account to correct any credit entries made in error. I understand that the State will make a reasonable effort to notify me within 24 hours when an adjustment is made. This authority remains in effect as long as I have an open child support case with the State of Alaska or until the State receives written notice from me.

I understand that 30 days written notice is required to change financial institutions, account numbers, or account type; that I must notify CSSD if I close my account or change my address; that the name on the child support case must match the name on the account into which deposits are being made; and that direct deposit will begin only after the above information has been electronically verified.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Day phone